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[NO. 8.]

DR. MARSHALL HALL ON PUERPERAL DISEASES.

[Continued from page 106.]

I now proceed to treat of *puerperal inflammation within the abdomen*.—Inflammation within the abdomen, as it occurs in the puerperal state, may be divided into three kinds; that which chiefly affects the *uterus and its appendages*; that which appears to be *general over the peritoneum*; and that which is *confined to a portion of this membrane*.

A distinction of still greater practical importance, is that between the acute and the insidious forms of puerperal inflammation of the abdomen. Sometimes the attack is distinctly characterized from the beginning; at others, it is of the most insidious character, perhaps to be referred back to a date anterior to parturition, or even apparently issuing out of mere labor-pain. These are points which require to be deeply impressed upon the mind of the young physician, in order that they may induce in him that degree of watchfulness, in regard to these diseases, which they so imperatively demand.

Inflammation within the abdomen, of whatever kind it may be, is only to be ascertained by the presence of pain, induced or aggravated upon pressure. This is the pathognomonic symptom of the disease. All the other symptoms are only accessory; and they are all, without exception, inconstant. In some insidious cases of abdominal inflammation the tenderness even is only discovered by a careful examination. And there is sometimes pain under pressure, when there is no inflammation. These remarks will, I trust, lead to the most careful examination of the abdomen, and of the symptoms in general, in every case of puerperal disease.

The acute attack of puerperal inflammation within the abdomen is frequently marked by rigor. This is frequently, in the worst cases, only slight. I cannot sufficiently enforce this fact upon the attention of my auditors. Some have imagined that there could be no puerperal inflammation of the abdomen without severe rigor; and they have generally supposed, that severe rigor necessarily supposes an attack of inflammation. I can most unequivocally attest that both these opinions are erroneous, and contradicted by facts.

I would make precisely the same observations in regard to great heat of surface or fever. I have known many instances of acute puerperal inflammation within the abdomen unattended by heat of skin, and many

cases resembling inflammation, but not in reality inflammatory, in which the heat of surface was extreme.

Frequency of the pulse is not a less uncertain indication of inflammation. I am enabled to say, from careful observation, that the pulse is but little accelerated in many cases of puerperal inflammation within the abdomen, whilst it is excessively and even alarmingly frequent in some cases in which inflammation does not exist.

In regard to pain and affection of the head, they are by no means essential attendants upon puerperal inflammation of the abdomen, in its first stages; but, on the contrary, appear to me to denote another and different kind of morbid affection, to be described hereafter, which may exist alone, or as a complication of inflammation.

Pure puerperal inflammation of the peritoneum is to be ascertained by an attentive examination of the abdomen. There is either pain increased upon pressure, or tenderness discovered upon pressure; and this is either general over the abdomen, or confined to the hypogastric region; or, lastly, in cases of partial peritonitis, to some other part of the abdomen. With the pain or tenderness there is frequently either general tumidity of the abdomen, or a local hardness; in the latter case it is frequently such as to denote an enlarged and inflamed condition of the uterus; but it occasionally arises from an affection of the ovary, or from partial inflammation and suppuration of the peritoneum.

There are sometimes, and only sometimes, sickness and vomiting; there are also, in some instances, a suppression of the lochial discharge, and a flaccid state of the mammæ. But I do not think the precise cases, in which these effects do or do not occur, have been distinctly ascertained by the observation of a sufficient number of facts.

In pure puerperal inflammation of the abdomen, there is not necessarily much rigor, heat of skin, load of the tongue, affection of the head or great frequency of the pulse; there is, on the contrary, in many instances, only a slight degree, or even an entire absence of rigor, little or no heat of surface, or whiteness of the tongue, little frequency of the pulse, and no affection of the head; but the countenance, manner and respiration, usually become highly characteristic.

I long ago observed, that inflammation within the abdomen was attended and denoted by a peculiar expression of the countenance; and I find the remark confirmed and stated in still more emphatic language by the celebrated and lamented M. Laennec. Puerperal inflammation within the abdomen is marked by an expression of extreme pain and anxiety in the countenance; the brow is contracted, and the upper lip is drawn upwards in a peculiar and characteristic manner, and bound round the teeth, or rather gums. These appearances are increased on pressing upon the abdomen, or they are observed at that moment, if they had not been manifest before. The countenance is generally pale, and rather sunk, but with partial heats.

The manner of the patient is much changed, and has become expressive of suffering and anxiety. The movements of the body are attended by pain, and are, therefore, suppressed; or, if performed at all, it is with an expression of suffering in the countenance and of caution in the man-

ner; and there is an appearance as if the body had become heavy and helpless.

The respiration becomes rather hurried and anxious, and it is performed principally by movements of the thorax, those of the diaphragm and abdomen being more or less, sometimes completely, suppressed—a circumstance which gives great peculiarity to the appearance of the breathing. Sometimes there is considerable heaving of the chest, with some hurry, some noise from the ingress and egress of the air, and sometimes with a sort of blowing; this state of the respiration is attended by the utmost danger, being frequently one of the first symptoms of the sinking state, of which I shall have to speak immediately, and to which I wish earnestly to call the attention of my auditors.

The general surface is generally a little increased in temperature, and there is, frequently, perspiration. The pulse is at first only moderately frequent, but gradually becomes more so, and it is often small and apparently feeble.

I have already alluded to the occasional occurrence of sickness and vomiting. The abdomen is frequently tense and tumid, as well as tender under pressure; this is an affection to be anxiously watched; it sometimes increases to a state of complete tympanitis. The state of the bowels is very various; there is by no means always constipation; sometimes there is diarrhœa, with or without the discharge of mucous stools.

Instead of general tumidity of the abdomen, there is frequently a distinct tumor with tenderness in the region of the uterus, in the iliac region, or in some other region of the abdomen, leading to the suspicion of an especial affection of the uterus or ovarium, or of a partial inflammation and suppuration of the peritoneum.

I propose to ascertain, hereafter, the state of the lochia, and of the mammæ, in cases of pure and unequivocal inflammation in the abdomen in the puerperal state. I do not think these points have been determined in an explicit manner, because I believe that several other affections, of a different nature, have been confounded with inflammation, and that the symptoms and effects of these different diseases have been blended and confounded together, both in practice and in medical writings upon the subject.

I have thus described the most usual form of puerperal inflammation of the abdomen in its commencement. I do not think it either possible or profitable to divide the disease into distinct stages. But it is quite incumbent upon the practitioner to trace the usual changes which are observed in this disease. These are—first, a gradual amendment; secondly, a gradual exasperation of the disease; and, thirdly, the super-vention of the state of “sinking.”

Little can or need be said upon the two first of these changes. Every appearance of a return to a healthy state of the functions and general appearances of the patient will raise our hopes; but there are no points of so much importance to be watched as the expression and condition of the countenance, the manner and the state of the abdomen. No apparent amendment is to be at all depended upon, unless it has continued and been progressive for four-and-twenty hours; this is a caution of great

importance to the young physician, in guiding him in his expressions in regard to the prognosis. And even in the most favorable cases, the further progress towards recovery is to be watched with the utmost care and precaution.

In the less favorable cases, the countenance becomes more and more altered, the pulse more and more frequent, the abdomen more tender and tumid; the manner and muscular powers of the patient appear overwhelmed; the respiration becomes more heaving, and, as I have usually termed it, "blowing," being somewhat audible, a condition of the breathing always attended by the utmost danger. At this period, too, there is often some degree of delirium, alternating, perhaps, with slight dozing, and there are, generally, restlessness and jactitation, and the patient cannot bear the arms to be covered.

At this period, too, the tongue is frequently loaded and more foul, and sometimes dry; the bowels are variable, frequently flatulent and loose. The mammae are flaccid, the lochia suppressed; the skin is clammy and wet, if not cold, the hands and wrists are often livid, and the feet cold.

This description of symptoms applies to the case of general inflammation of the peritoneum. The more partial cases of peritonitis continue longer, and affect the constitution less, and less rapidly. In some instances the integuments over the seat of inflammation have become tumid and inflamed, and an issue has at length been effected for the sub-jacent pus, the abscess has afterwards collapsed and healed, and the patient has slowly but finally recovered. This opening frequently takes place about half way between the umbilicus and spinous process of the ilium. In other instances, the matter has been evacuated by the rectum, and in some rare examples, by the bladder. In other cases the abscess has not been evacuated during life; but the patient has gradually emaciated, and the health and strength have failed; there have been great frequency of the pulse and hectic, and the disease has at length, though perhaps very slowly, proved fatal. It has, however, occasionally happened that the effused fluid has been re-absorbed and the fatal event averted.

But the acute form of puerperal peritonitis sometimes issues in a state of sudden sinking of the vital powers. The change and symptoms are such as have frequently led to the suspicion of gangrene having taken place. But no such appearance is observed on examination after death.

This state of sinking is usually rather abrupt in its manifestation. The patient may be left, not without hope, the preceding night, but on being visited the ensuing morning, is found to have passed into a state of hopeless sinking. The pain has ceased, but the tumidity of the abdomen is augmented; the brain is in a state of low stupor, the breathing is attended by heaving and blowing, the skin of the arms and hands is cold, clammy and livid—the livid color only partially disappearing on pressure—the pulse is thready and excessively frequent, the countenance is altered and sunk; the patient may be roused, but is then, perhaps, unconscious of pain, and expresses herself as being relieved; the hands

are kept out of bed ; sometimes there is cough, and the feet are livid and cold.

The morbid appearances usually induced in cases of inflammation of the uterus and of the peritoneum are well known.

In inflammation of the uterus, there are, in different instances, exudations of serum, of coagulable lymph and of pus from its surface ; its substance is sometimes enlarged, softened, infiltrated with pus, or the seat of distinct abscesses ; and its internal surface is frequently morbidly red, and the source of various discharges. The appendages of the uterus are frequently the seat of similar morbid appearances.

The peritoneum, when inflamed, pours out serum, coagulable lymph, or pus ; and its different surfaces are apt to be variously glued together. Frequently the intestinal canal is found distended to the utmost, as before death, by *foetid gases*.

In some instances pus is effused and deposited in various parts of the peritoneum, being confined by the adhesion of contiguous portions of this membrane.

There is no part of the peritoneum, and no viscus in the abdomen, which may not become the seat of puerperal inflammation, and of the consequent changes of structure. The parts most frequently affected by puerperal inflammation, however, are the organs contained within the pelvis—the uterus, its appendages, the rectum, the bladder, and the peritoneal lining of the pelvis ; and then the peritoneum in general. In an interesting case, published by Dr. Ley, the spleen was found to be a principal seat of disease.

I have been brief in my account of the morbid appearances in puerperal inflammation within the abdomen, because I had nothing novel to offer upon this point. I have long wished and still hope to possess more ample opportunity of comparing the symptoms with the morbid anatomy, in this interesting class of disease.

I now proceed to state the treatment of puerperal inflammation.

And I would observe, in the first place, that nothing can be trusted to, to save the patient, but the most ample bloodletting ; and, in the second place, that nothing should preclude the use of this remedy but the actual existence of the state of sinking. In regard to the measure, and the repetition of the bloodletting, many points must be taken into consideration. The earlier, and the more fully, this remedy is employed, the more efficacious and the safer it is, and the safer is its full repetition.

There is one point which I must emphatically repeat ; it is, that the bloodletting should, in this disease, ever be performed, the patient being in the erect position ; and it may then, in general, be safely carried to deliquium. I do not recommend this mode of proceeding with the view of producing deliquium merely ; but also, that this deliquium may serve as a guide in judging of the extent to which we may carry the depletion. If the patient be sitting upright, and faint by the loss of blood, we have a security and remedy against any danger from this event in laying the patient low. But if deliquium be induced by bleeding the patient in the recumbent position, I cannot say that I think it will always be without danger. I think the plan which I have proposed at once *far more safe*,

as well as far more efficacious in subduing this disease. If it were requisite, the patient's head might be laid even lower than the rest of her body.

The same rule may apply for the repetition of the bloodletting. If the fullest effect is desired which the patient can safely bear, let her be bled to syncope in the erect posture. She will faint from losing a larger or a smaller quantity of blood, precisely in the inverse proportion of the previous exhaustion; the state of syncope will not only warn us to desist from drawing more blood, but will arrest the flow of blood itself, just at the point when the patient can bear to lose no more.

This is a most important criterion for the employment of a most powerful remedy. I do not by any means wish it to be understood, that it is always safe to bleed to deliquium in the erect posture; but that, when it is determined to bleed, it is important to have the boundary, which it would be unsafe to pass, at least clearly defined. Sometimes the patient will faint on being merely placed upright; is it then, ever, and in what particular cases, safe to bleed?

The next question is in regard to topical bloodletting. And I think there is one important rule for the adoption of this remedy. It may, of course, be enjoined to be done immediately after general bloodletting. But it is particularly useful in those cases, in which the system is obviously subdued by the general bloodletting, and yet the inflamed part remains tender under pressure. In such cases, leeches, or, still better, cupping, if it be properly and tenderly performed, will prove a most useful remedy.

It is quite unnecessary to state the utility, or rather the necessity, for the administration of purgative medicines in this disease. There is good reason to suppose that some cases have been subdued even by this remedy alone. And the efficacy of purging in conjunction with bloodletting is quite undoubted. A constant catharsis should be kept up, indeed, until the disease is completely subdued.

In cases in which there is great tympanitic distension of the abdomen, an injection of warm water sometimes succeeds in inducing evacuations of flatus, which greatly relieve. I have sometimes thought that still more effectual relief, of the same kind, might be obtained by the introduction of a flexible tube, properly pierced, high into the large intestine.

Much and important relief may also be afforded in some cases, in which suppuration has taken place, by giving exit to the pus, when it plainly fluctuates and approaches the surface.

Blisters also are of great service in those cases of this disease which are not attended by much heat or irritability. But in other cases they have appeared to me to add to the patient's sufferings, to prevent sleep, and to do harm by leading to a state of exhaustion.

There are still three other powerful remedies, of which I wish to make a cursory mention in this place.

The first is the plan of emetics, which is well known to have been so successful in the hands of M. Doulcet, of Paris.

The second is the *spiritus terebinthinæ*, recommended by Dr. Brennan, of Dublin.



And the third is the attempt to induce a state of ptyalism, by mercurial medicines and inunctions.

Of emetics, but especially of the *spiritus terebinthinæ*, I would observe that, like purgative medicines, they have doubtless been used successfully in many cases; but I much suspect that many of these cases were not inflammation, but intestinal irritation.

As it is not my object, in this course, to give a systematic account of what has been written by others, but only the result of my own observations, I here beg to refer you to the different publications upon puerperal diseases, in regard to the two first of these subjects. Of ptyalism, I would merely observe, that it deserves a trial; it is one of those measures which are most powerful, and yet, generally, unattended with risk, and it would by no means preclude the adoption of every other more prompt and efficient mode of treatment. If adopted early, it might prevent some of those protracted states of the disease, which occasionally occur and wear out the patient.

I need scarcely observe, that during the existence of inflammation the patient should be allowed, absolutely, nothing but tea or gruel in the smallest quantities.

In some cases in which the pain is not severe, but the tension of the abdomen great, continued but extremely light frictions of the abdomen have done great good. They may be followed by the application of a cold lotion, and by fomentation of the feet.

In cases of pure inflammation, I do not think the use of opium desirable. The pain must be subdued by bloodletting; and everything that, by masking the pain, can divert our minds from the use of this remedy, involves danger to the patient. And there are seldom those symptoms of constitutional irritation which require the use of opium, until the inflammation has subsided. In mixed cases, I think the use of opium, especially after bloodletting, may be both necessary to subdue constitutional irritation, and beneficial in the cure of the disease.

[To be continued.]

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#### DYSENTERY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Elderly men are always pleased when they find their notions and observations confirmed by the experience of others. Upon this principle I have been highly gratified by reading Dr. Gerhard's Lecture on Dysentery, in a late number of the Journal. The disease, unquestionably, varies greatly in different epidemics, and often very strikingly in degree, in the same epidemic, in different persons. In those localities where enteric fevers are common, I have no doubt but that dysentery, especially in the beginning, may have an enteric character. This accounts for the free use of antimonials, neutral salts and other refrigerants, holding at times so high a reputation in this disease. The same may be said of early depletion by the lancet. I am inclined to think, however, that atonic dysentery, in reality, is much rarer than the student would

be apt to infer from the great majority of writers. From a pretty close observation, and considerable practice, for towards forty years, I have never met with a single, decidedly, entonic case. Nor have I met with any one case, in which it did not appear to me that opium was indicated. I have found it proper to keep the patient under its influence, so as to mitigate, control or subdue pain, tenesmus and other symptoms, in every stage of the complaint. In fact, I have considered opium as the main remedy, the *sine qua non*.

However, opium rarely, if ever, is alone to be depended on, but requires various adjuvants, according to circumstances. In many cases, particularly in the beginning of the disease, a full dose of opium, and a cathartic dose of calomel, may be given at the same time, and after the purgative operation, calomel in small doses, combined with opium, may be continued a day or two, or sometimes longer, as an alterative, to change the morbid condition of the viscera, or of the system in general. But in dysentery attended by an ataxic fever, calomel, in any form, as well as anything that may produce a full catharsis, is generally worse than useless.

When the skin is hot and dry, opium is usually qualified by as much ipecacuanha as can be taken without nauseating, or running freely off from the bowels. Mischief, however, is often done with ipecacuanha, as well as with calomel, by employing it too much, and too long.

In some cases, where the tongue and mouth are dry, the mineral acids, especially the nitric, are found to be valuable adjuvants to opium.

Sugar of lead, at a proper stage, often does well; and every one knows that this is the case with vegetable astringents, and other tonics. But they can, none of them, be depended on, unless they are assisted by a pretty regular and free use of opium.

It is not my design, however, to notice all the valuable adjuvants of opium. My principal intention in this communication is to point out a particular auxiliary, which is not much known in many parts of this country, and is entirely overlooked in Dr. Gerhard's valuable lecture.

Perhaps in almost every case of atonic dysentery, where opium, astringents, tonics, wine, alcohol and other diffusible stimulants fail of producing their customary effects, *capsicum* is the best adjuvant that opium can have. It very rarely fails to make the other remedies take hold. In the case mentioned by Dr. Gerhard, in which opium and sugar of lead were given every hour for two days, without making much if any impression, I am confident, that if a grain of capsicum had been combined with each dose of the lead and opium, a happy effect would have been perceived within four or six hours. Within the last three weeks, I have seen a formidable case of dysentery, apparently desperate, yield, within a day, to a pill of opium and capsicum, a grain each, given every two hours. One or two enemata of laudanum, to palliate the tenesmus, were administered. Milk porridge was used for food, and a moderate quantity of brandy and water was the principal drink. This was about all the treatment, besides common nursing. As far as I am able to judge, this patient would have unquestionably failed, without the assistance of the capsicum. Possibly a judicious combination with the



warming and pungent essential oils, might have answered the same purpose; but I am almost certain that the common aromatics would have been of little or no avail.

I hope these remarks may happen to meet the eye of Dr. Gerhard, because I want to have such an able physician, as he unquestionably must be, judging from his very lucid lecture, as well as from his eminent station, give capsicum and opium a fair trial, in low or obstinate cases of dysentery and diarrhœa. I would also wish to turn his attention to the same combination, in ataxic fevers, and more especially in passive hæmorrhage from any part of the body. In hæmorrhage, I usually employ a pill of one grain of opium, with one or two grains of the sugar of lead, and the same quantity of capsicum.

No one will mistake, by supposing me to recommend the indiscriminate use of opium, capsicum, or any other remedy, in any particular disease. No article in the whole *materia medica*, perhaps, requires such skill and close observation, to do it perfect justice, as opium. It is the sheet anchor in dysentery; but without the assistance of other means, it is rarely sufficient to protect the vessel. Capsicum is more unfrequently indicated; but when it is necessary, it needs not such close watching as opium, calomel, ipecacuanha and some other articles. A grain or two, more or less, is often of no very great consequence.

Yours, very respectfully,

Middletown, Ct., Sept. 17, 1838.

THOMAS MINER.

#### YELLOW FEVER AT CHARLESTON, S. C.

THE following notice of the yellow fever, now prevailing at Charleston, S. C., is extracted from a letter written by Dr. De Saussure, of that city, to a medical friend now at Philadelphia. We hope to receive a more detailed account of the symptoms, treatment, and statistics of this fever from the same source; in the meanwhile, our readers will find this notice of the fever extremely interesting—coming as it does from a well-educated and careful observer.—*Philad. Med. Examiner*.

"Native children are now beginning to be attacked. The disease has not, however, increased as rapidly as its commencement threatened. The first cases were fatal to a most alarming degree. Out of twenty or thirty which I either saw or heard of, not one recovered. Of these, one was a patient of my own, a young man aged twenty-three. Since that time the disease has varied very much; some of the cases are distinct yellow fevers of a single paroxysm, others assume a remittent and milder form. I find great difficulty in taking notes of the cases, as the patients enter the hospital after the fever has gone off, and then there is scarcely anything to note; gradual prostration, injected eyes, yellow skin and black vomit forming all the symptoms.

"I have seen no petechiæ, rose colored spots or sudamina. In most of the first cases a single paroxysm of fever was distinctly marked with violent pain in the head, back and limbs, injected eyes, great oppression at the præcordia, and, sometimes, irritability of stomach. Of these

symptoms, the three first are especially characteristic of the disease. After the hot stage, which lasts from ten to seventy or eighty hours, the fever goes off, leaving a hot skin, slow, small pulse, great thirst and injection of the eyes, anxiety of countenance, tongue dry, red and swollen, covered with a dark fur, and, sometimes, delirium. Black vomit now comes on, with numerous stools, consisting of a similar liquid. The pulse sinks, the skin becomes cold and of a dark yellow color; delirium goes off, the patient feels easier, lies quietly on his back, says he is well, and dies. On examination, after death, we find violent inflammation of the stomach, sometimes engorgement of the liver; the gall-bladder filled with a greenish-black bile, of the consistence of tar; the other organs are healthy, but the blood is very fluid and has entirely lost its consistence.

"I have not seen a case of typhous fever. Those which are sometimes called here by that name, are malignant remittent fevers, without delirium, injected eyes or foul tongue. There is no diarrhoea, and no change in the appearance of the skin. In several of the cases the fever subsided and left the patient apparently convalescent. At the end of two or three days it returned, accompanied by diarrhoea and sudamina, and, in one case, the diarrhoea was attended with such copious discharges of blood from the bowels as quickly to destroy life.

*Charleston, August 31, 1838."*

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## BOSTON MEDICAL AND SURGICAL JOURNAL

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BOSTON, SEPTEMBER 26, 1838.

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### PHRENOLOGY VINDICATED.\*

THAT indefatigable man, Dr. Charles Caldwell, whose spirit seems to have no rest—whose powers are always active, and whose literary labors are characterized by originality of thought as well as vigor of expression—has written an essay of 113 pages, duodecimo, bearing the title of "*Phrenology Vindicated and Anti-phrenology Unmasked*," the whole pith and bearing of which is to prove, by a chain of irresistible facts, that Dr. Thomas Sewall, of Washington, the author of an "*Examination of Phrenology*," in two lectures, is a professor whose knowledge is limited, and whose two efforts were the emanations of a prejudiced mind and a small intellect.

The New York Phrenological Society, it appears, took a fatherly interest in the manuscript as soon as it was ready for the press. Four resolutions were passed—one of which was, that "we have heard, with much pleasure, of the arrival, in this city, of Professor Charles Caldwell, the accomplished expounder and able defender of phrenological science," &c. "Resolved, that we have also heard, with like satisfaction, that Dr. Caldwell has prepared a reply to two published lectures of Dr. Sewall, and to other anti-phrenologists, and that we respectfully solicit of

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\* *Phrenology Vindicated, and Anti-phrenology Unmasked*, by Charles Caldwell, M.D. New York, Samuel Colman. 1838. p. 156.

him the manuscript of the same for publication." Thus, no sooner were the materials of this thorough-going escarotic mixture of words and things satisfactorily compounded, than it was seized upon with avidity, not, we apprehend, because it contained anything novel in doctrine, but because it was imagined by some one, with vindictive complacency, that it would blow Dr. Sewall's reputation into indiscernible atoms. Nothing short of Dr. Sewall's utter professional annihilation seems to have been contemplated. Dr. Caldwell, without apology, accuses Dr. Sewall of "*plagiarism, literary garbling and perverted quotations*," and unless the latter gentleman can show that the statements made by his excited antagonist are also perverted and untrue, he will find himself in a most awkward predicament, which might be denominated, with good show of reason, a phrenological purgatory.

Each page shows the classical scholar; and each exhibits, too, the haughty, uncompromising zeal of one who is conscious of being what he has the reputation of being—a profound investigator, and an unyielding foe in controversy. Happily, we cannot discover who is right or who is wrong in the affair—and, what is personally very comforting, we shall neither glory in the triumph of the one, or mourn over the downfall of the other. If any one could calmly maintain his equanimity under the provoking lash of such language as the following, and not make an attempt to vindicate his character, he would be undeserving of pity. "That Dr. Sewall may receive a foretaste of the manner in which his reputation will be dealt with by his long-incubated brood, I refer him to Milton's family picture of Satan, Death and Sin. He will there see depicted, in suitable colors, strength and hatefulness, the issue of a studied and stubborn infringement of the commands of Heaven. And no trait in the appalling character of the fallen Arch-angel, was more sinful in itself or more odious in the eye of his offended Creator, than his hostility to truth, which procured for him the appellation of the FATHER OF LIES."

Nothing would be gained to our readers, were more liberal extracts introduced to our pages. Those who innately love to tread the battle ground, on the score of gratifying the organ of combativeness, must read the book for themselves. Without a dissenting voice, we believe there will be an uniformity of opinion in this, viz. that it is decidedly a revengefully devised personal attack, not at all justifiable, and totally inexcusable. Because Dr. Sewall disbelieves in phrenology—honestly, too, we doubt not—one of its ablest advocates and most talented expounders pounces upon him with the fury of a tiger and the malice of a fiend.

Within the same cover are two other distinct productions. One is called Reese's Humbug; and the other, a Valedictory Address to the Medical Graduates in Transylvania University, delivered March 15th, 1837—to be especially noticed hereafter.

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*Harvard University—Massachusetts Medical College.*—The degree of Doctor in Medicine was conferred on the following gentlemen of the Medical Class, on Commencement Day, August 29th, 1838.

Daniel Lucius Adams, A.M., *Purulent Ophthalmia.*

Thomas Samuel Blood, *Inflammation of the Mouth.*

Edward Bradstreet, A.M., *Apoplexy.*

Thomas Mayo Brewer, A.M., *Secale Cornutum.*

John Abner Briggs, A.M., *Carcinoma.*

William Ward Cutler, A.B., *Organic Life*.  
 Samuel Runell Gerry, Jr., A.M., *Pneumothorax*.  
 Nathan Griggs Goffe, *Pathology*.  
 Henry Lyon, A.M., *Meas.*  
 Samuel Mack, A.M., *Hernia*.  
 Olivier Rabitaille, *Typhous Fever*.  
 James Stone, Jr., A.M., *Croup*.  
 Nathaniel Saville Tucker, A.M., *Inflammation of the Kidney*.  
 William Williamson Wellington, A.B., *Smallpox*.  
 Benjamin Hussey West, A.M., *Hernia*.

The following is a list of graduates for the same year at the semi-annual examination, February 1st, 1838.

Samuel Sumner Bugbee, *Pneumonia*.  
 James Freeman Colman, A.B., *Counter-irritation*.  
 Charles Cutler, *Pneumonia*.  
 William Eustis, A.B., *Croup*.  
 Morrison Oakes, *Asthma*.  
 Samuel Parkman, A.B., *Fractures of the Thigh*.  
 Milton Parker, *Wounds of the Chest*.  
 Edward Strong, A.B., *Mortification*.  
 Samuel Stillman Whitney, *Sounds and Impulse of the Heart*.  
 John Harvey Wright, A.B., *Croup*.  
 Albert Thompson Wheelock, A.M., *Cutaneous and Mucous Exudation*.  
 Total, 26. WALTER CHANNING, *Dean of the Faculty*.  
 Boston, Sept. 17, 1838.

**Quackery in Rhode Island.**—A correspondent, in Rhode Island, in a postscript to a letter, refers to several cases of recent occurrence in his vicinity, in which the results of ignorant and improper medical treatment were apparent. He says:—

"I have been attending, within a few days, a woman sick with autumnal fever. Previous to 29th ult. she had been attended by a botanical doctor for five or six days, and by his treatment with hot remedies ('to raise the fever') she had become extremely restless, the fauces inflamed, the tongue red and stiff, and deglutition very difficult. She had made up her mind that she had swallowed fire as long as it was possible, and, die or live, she must give it up. She is now recovering under regular treatment.

"Mrs. L. C., of this town, died on 25th ult. from strangulated femoral hernia. For three days from commencement of complaint she was treated with lobelia, composition powders, cayenne, hot enemas, &c., by a Thomsonian doctor, without relief, but with great aggravation of the complaint. The Thomsonian did not know, or even suspect, the nature of the woman's complaint. The sin of ignorance is winked at not as it should be in these days of light and knowledge. It was thought by the physicians who were called to see the woman, three days before her death, that proper treatment at the commencement would have been accompanied with an easy reduction of the hernia, and speedy relief of the patient; and the prolongation of the valuable life of a mother, a wife and a kind neighbor, would have been the happy result."

**Animal Magnetism** is all the rage in London. Dr. Elliotson has a *prima donna* at the University College Hospital—one Elizabeth O'Key

—whose exhibitions in the mesmerized state are attended by wondering crowds. Indeed we should think the somnambule quite a rival to some of the less popular actors at the metropolitan theatres ; though, it must be confessed, some little time would be necessary to accustom the London fashionables to wend their way to the College Hospital instead of Drury Lane, for amusement. On the score of decency, also, the latter must be the least exceptionable ; for the vulgar profanity which is detailed in the *scientific* report of these exhibitions, as the language of the girl, is most offensive. It would likewise seem that there is some little danger attending these exhibitions, as we notice that in one of them, while in a fit of extreme anger, her right leg was kept mesmerized, so that she could not use it, on account of the spectators fearing that she would fly at them ! She is represented, however, as sufficiently gentle and modest when in her natural state ; and if so, evidence certainly exists either of gross deception or of some wonderful effect produced by the operator. We cannot now refer to all the experiments which have been tried on this girl and her sister, both of whom were patients of the hospital ; but that they are marvellous enough, those who have read descriptions of similar exhibitions will not doubt. Catalepsy seems to have been easily produced, and not only by the usual manipulations, but also by means of magnetized water. The water would first produce catalepsy, and then a sleep, from which she could only be awakened by the joint efforts of all who assisted in magnetizing the water. She has the power, according to the report, to foretell occurrences relating to her disease and to her sleeping fits—one instance of which is given, when a fortnight intervened between the prophecy and its fulfilment. Indeed there would seem to be no bounds either to the power of Dr. E. in producing the magnetic phenomena, or to the variety and extent of the patient's capacity while under their influence.

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*Camphor Mixture in Dysentery.*—The following is the formula for the composition of the medicine known as Hope's Camphor Mixture, and which was alluded to in Dr. Gerhard's lecture on dysentery, lately published in this Journal. R. Acidi nitrosi, f3i. ; mist. camphoræ, f3 viij. Misce et adde tinct. opii, gtt. xi. Sig. One fourth part to be taken every three or four hours. Dr. Meigs, in the last number of the Philadelphia Medical Examiner, says that he has had much success in the use of this mixture in cases of dysentery. He has also found it useful in cholera, ordinary cholera morbus, diarrhœa and cholera infantum. Mr. Hope considered that no previous preparation was required for its exhibition in cases of chronic dysentery. The dose of two ounces three times a day was quite sufficient. The hands and feet should be kept warm while using the medicine, and the body preserved from currents of air. Warm barley water or thin gruel, and a diet of sago or tapioca, may be used at the same time.

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*Hydrophobia.*—A correspondent, a physician, wishes us to insert the following statement :—" He was called to see a stout young man on the second day of an attack of hydrophobia, who had been bitten by his own dog about four weeks previous to the attack. He died the following day. Two other persons had been bitten at the same time by the same dog ; they were much alarmed at witnessing the above-mentioned

case, and consulted the writer, who adopted the following plan:—the bitten, or rather the parts ulcerated by the bites, were kept open by means of *ung. sabinae*. The system was kept free by means of aperients. *Pilulae hydrargyri* of five grains, were given to the extent of from ten to fifteen grains per diem, in order that those glands which in the canine species show the peculiarity of their system, might be for some time affected. This plan was continued, in both cases, for four or five weeks, and about the end of that time the ulcers healed very kindly, though the *ung. sabinae* had been used the whole time. These two individuals have continued to enjoy good health. Not long after this, the writer was called to visit a young woman, eighteen years of age, who had recently been bitten by a mad dog. While she was feeding two young pigs, the dog, in passing, bit them both, and they both became mad. The writer calmed her fears—requested a surgeon to incise the bitten part and bleed her freely at the arm. Aperients were given for two days, and the same plan was followed as in the above detailed cases. The young female has been in good health ever since.”—*London Lancet*.

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*Antidote against Arsenic.*—We have already given an account of the experiments made with hydrated peroxide of iron, as an antidote for arsenic, and their results. The following is a remarkable example of the efficacy of this means.

A baker finding the food prepared for his pigs was devoured by the rats, mixed up four ounces of arsenic with a quantity of flour and placed it in the troughs, having previously locked up his two sows in a place of safety. The animals, however, having broken open the door, eat up the whole of the flour, and were immediately seized with symptoms of poisoning. Two medical gentlemen in the neighborhood, being made acquainted with the circumstances, mixed up from two to three pounds of the peroxide with water and flour, and gave it to the pigs, who drank, with avidity, about one half, but refused to take the rest. The animals were now laid upon the ground, and a pound of the antidote was forced down their throats. The remedy was administered, in the same quantity, at two different times, and although the animals continued in a feeble state for fifteen days, they ultimately got quite well.

We trust the recital of this case will not be thrown away, but that all apothecaries and druggists in the country will provide themselves with a remedy which, when timely administered, is a certain antidote to the most commonly employed of poisons.—*Journ. de Pharm.*

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*Anatomical Appointment.*—Joseph Roby, M.D., late lecturer on Anatomy and Surgery in Bowdoin College, Me., has recently been elected by the Board of Trustees and Overseers, professor of Anatomy and Surgery.

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*Mr. Combe.*—This celebrated writer and lecturer on phrenology, who resides in Edinburgh, is expected to arrive in Boston in about a week. His first course of lectures will probably be delivered in this city.

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*Nitrate of Silver* is recommended to be rubbed on frost-bites.



**TO CORRESPONDENTS.**—Our two next numbers will contain a valuable report from the Surgical Department of the Massachusetts General Hospital, and will be published together next week.—The Medical Essays from one of our respected Southern correspondents, and Dr. Davenport's operation on the eye, will receive early attention.

**DIED.**—In Springfield, Mass., Dr. John Stone, aged 74.—In East Greenwich, R. I., Dr. Charles Eldredge, 56, formerly President of the Rhode Island Medical Society.—In Roxbury, Ma., Dr. Theodore L. Webb, of Michigan, 30.

Whole number of deaths in Boston for the week ending September 22, 23. Males, 20—females, 18. Consumption, 6—cancer, 1—bowel complaint, 3—marasmus, 1—dysentery, 6—epilepsy, 1—palsy, 1—typhoid fever, 2—teething, 2—cholera infantum, 2—infantile, 3—throat distemper, 1—inflammation of the lungs, 1—accidental, 1—bilious fever, 1—cancer in the bowels, 1—dropsy on the brain, 1—old age, 2—cancer, 1.

**MASSACHUSETTS MEDICAL SOCIETY—COUNSELLORS' MEETING.**  
A stated meeting of the Counsellors of the Massachusetts Medical Society will be held at the Society's Room, Athenaeum Building, Pearl Street, on Wednesday, October 3, at 11 o'clock, A.M.  
S. D. TOWNSEND, Recording Secretary.

Sept. 25—27

# UNIVERSITY OF THE STATE OF NEW YORK.

## COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

The Lectures in this Institution will commence on the first Monday in November, and continue for four months.

J. AUGUSTINE SMITH, M.D., Professor of Physiology.

ALEXANDER H. STAVENS, M.D., Professor of Clinical Surgery. (Lectures at the New York Hospital.)

JOSEPH MATHER SMITH, M.D., Professor of the Theory and Practice of Physic and Clinical Medicine.

EDWARD DELAFIELD, M.D., Professor of Obstetrics and the Diseases of Women and Children.

JOHN E. BACK, M.D., Professor of Materia Medica and Medical Jurisprudence.

JOHN TOSNEY, M.D., Professor of Chemistry and Botany.

JOHN E. RHEINLANDER, M.D., Professor of Anatomy.

ALBAN G. SMITH, M.D., Professor of the Principles and Practice of Surgery.

ROBERT WATTS, JR., M.D., Lecturer on Special Anatomy.

The expense of attending a course of Lectures by all the Professors, is \$100.

Attendance upon two complete courses of Lectures is necessary to entitle the student to present himself for graduation, one of which must have been attended at this College. He must also have studied medicine three years, and attained the age of twenty-one years.

Two opportunities in each year are afforded for graduation; one on the first Tuesday in April, and one on the last Tuesday in October.

The examination of Candidates for the Spring graduation commences on the first of March, and for the Fall graduation on the 2nd Tuesday in September.

**College Building.**—During the last year, the new and extensive College edifice in Crosby Street has been completed. In its construction, no effort has been spared to provide within its walls every accommodation that may be necessary for carrying on the business of instruction in the various departments of Medical Science, and it is believed that in no one respect will it be found wanting in the great objects for which it was designed. To the planning of the Anatomical part of the building, especial attention has been paid, with the view of furnishing every convenience and accommodation that may be required for teaching Anatomy, as well as for private dissection. In addition to the public dissecting room, a number of smaller rooms have been fitted up, where Anatomical investigations may be pursued in a more retired and private manner.

**New York Hospital.**—This Institution accommodates about two hundred and fifty patients, and presents every variety of disease and accident to which the human frame is liable. Situated in the very heart of the city, and within a few minutes walk of the College, it possesses the great advantage of being easy of access, without any loss of time, and the students have daily opportunities of witnessing the practice of the house.

**New York Ear and Eye Infirmary.**—The average number of patients who resort annually to this Institution, for professional advice, amounts to upwards of one thousand. It thus furnishes the amplest field for observation and instruction in the various diseases of the Eye and Ear. It is opened gratuitously to the students of the College.

J. AUGUSTINE SMITH, M.D., President.

N. H. DEERING, M.D., Registrar.

New York, June 25, 1838.

Aug 25—1841

# MEDICAL INSTITUTION OF YALE COLLEGE.

This course of Medical Instruction in Yale College begins on Thursday, November 1st, 1838, and it continues seventeen weeks. The several branches are taught as follows, viz.

Theory and Practice of Medicine, by	ELI IVER, M.D.
Chemistry and Pharmacy, by	BENJAMIN SILLIMAN, M.D. and LL.D.
Materia Medica and Therapeutics, by	WILLIAM TULLY, M.D.
Principles and Practice of Surgery, by	JONATHAN KNIGHT, M.D.
Obstetrics, by	TIMOTHY P. BURNS, M.D.
Anatomy and Physiology, by	CHARLES HOOKER, M.D.

The matriculation fee and contingent bill are \$7.50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are \$12.50 each, and for Obstetrics \$4.00—amounting to \$76.50—the whole to be paid in advance. The graduation fee is \$15.00.

Yale College, Aug. 16, 1838.

Aug—38

CHAR. HOOKER, Secretary.

## MEDICAL INSTRUCTION.

Two subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry, by Dr. CHANNING.  
On Physiology, Pathology, Therapeutics, and Materia Medica, " Dr. WARE.  
On the Principles and Practice of Surgery, " Dr. OTIS.  
On Anatomy, " Dr. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,  
JOHN WARE,  
GEORGE W. OTIS, JR.,  
WINSLOW LEWIS, JR.

Oct. 18—if

## HARVARD UNIVERSITY—MEDICAL LECTURES.

Two Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by Dr. J. C. WARREN.  
Midwifery and Medical Jurisprudence, by Dr. CHANNING.  
Materia Medica and Clinical Medicine, by Dr. BIGELOW.  
Principles of Surgery and Clinical Surgery, by Dr. C. HAYWARD.  
Chemistry, by Dr. WESTER.  
Theory and Practice of Physic, by Dr. WARE.

Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.

WALTER CHANNING,  
Dean of the Faculty of Medicine.

Boston, July 23, 1838.

Aug 1—1N

## FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Protrusion Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "drooping and bearing-down" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delfield, M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vendued as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.  
The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 2.

lyreup

LOWE & REED,  
24 Merchants Row, Boston.

## SCHOOL FOR MEDICAL INSTRUCTION.

Two Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by Dr. BIGELOW.  
On Anatomy and Surgery, by Dr. REYNOLDS.  
On Midwifery and Chemistry, by Dr. STORER.  
On Physiology and Pathology, by Dr. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1838.

Aug 22—sp3m

JACOB BIGELOW,  
EDWARD REYNOLDS,  
D. HUMPHREYS STORER,  
OLIVER W. HOLMES.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$2.50 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy gratis.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.